



Washington Teachers' Union

FULFILLING THE COMMITMENT TO BUILD GREAT MINDS

WTU RETIREES CHAPTER – MEMBERSHIP RENEWAL APPLICATION

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ Personal Email: _____

Birth Date: _____ Retirement Date: _____

PAYMENT

Retiree Chapter Dues: \$ 55.00 per year

Please make checks payable to WTU with Retiree Chapter in the memo. Your enrollment will not be processed until payment is received. Please remember to include enrollment application with a check.

Mail To: Membership Department-Retiree Benefits
ATTN: WTU Retirees Chapter
1239 Pennsylvania Ave, SE
Washington, DC 20003

Signature

Date

Please call the Membership Department at 202-517-0728 or email membership@wtulocal6.net if you have questions.